

<u>CDT CODE</u>	<u>DESCRIPTION</u>	<u>2008 FEE</u>
DIAGNOSTIC		
00120	Limited oral evaluation-problem focused	\$39.00
00140	Limited oral evaluation-problem focused	\$58.00
00150	Comprehensive oral evaluation	\$68.00
00160	Detailed/extensive oral evaluation-problem focused, by report	\$132.00
00210	Intraoral-complete series (including bitewings)	\$99.00
00220	Intraoral-periapical-first film	\$22.00
00230	Intraoral-periapical-each additional film	\$19.00
00240	Intraoral-occlusal film	\$34.00
00250	Extraoral-first film	\$53.00
00260	Extraoral-each additional film	\$44.00
00270	Bitewings-single film	\$22.00
00272	Bitewings-two films	\$36.00
00274	Bitewings-four films	\$50.00
00277	Vertical bitewings - 7 to 8 films	\$76.00
00290	Posterior-anterior or lateral skull and facial bone survey film	\$106.00
00330	Panoramic film	\$87.00
00340	Cephalometric film	\$100.35
00350	Oral/facial images (includes intra and extraoral images)	\$80.31
00460	Pulp vitality tests	\$26.08
00470	Diagnostic casts	\$77.18
PREVENTIVE		
01110	Prophylaxis-adult	\$72.00
01120	Prophylaxis-child	\$53.00
01201	Topical application of fluoride (including prophylaxis)-child	\$70.00
01203	Topical application of fluoride (prophylaxis not included)-child	\$29.00
01204	Topical application of fluoride (prophylaxis not included)-adult	\$20.86
01330	Oral hygiene instructions	\$43.00
01351	Sealant-per tooth	\$36.51
01510	Space maintainer-fixed-unilateral	\$255.00
01515	Space maintainer-fixed-bilateral	\$382.78
01520	Space maintainer-removable-unilateral	\$136.63
01525	Space maintainer-removable-bilateral	\$206.51
01550	Recementation of space maintainer	\$50.06
RESTORATIVE		
02140	Amalgam-one surface, permanent	\$106.00
02150	Amalgam-two surfaces, permanent	\$135.00
02160	Amalgam-three surfaces, permanent	\$162.00
02161	Amalgam-four or more surfaces, permanent	\$193.00
02330	Resin-one surface, anterior	\$126.00
02331	Resin-two surfaces, anterior	\$156.00

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02332	Resin-three surfaces, anterior	\$189.00
02335	Resin-four or more surfaces or involving angle (anterior)	\$239.00
02392	Resin-based composite-two surfaces, posterior	\$179.00
02393	Resin-based composite-three surfaces, posterior	\$226.00
02394	Resin-based composite-four/more surfaces, posterior	\$271.00
02410	Gold foil-one surface	\$120.99
02420	Gold foil-two surfaces	\$279.52
02430	Gold foil-three surfaces	\$459.96
02510	Inlay-metallic-one surface	\$631.00
02520	Inlay-metallic-two surfaces	\$677.00
02530	Inlay-metallic-three surfaces	\$751.00
02542	Onlay - metallic - two surfaces	\$768.00
02543	Onlay-metallic-three surfaces	\$791.00
02544	Onlay-metallic-four or more surfaces	\$824.00
02610	Inlay-porcelain/ceramic-one surface	\$699.00
02620	Inlay-porcelain/ceramic-two surfaces	\$751.00
02630	Inlay-porcelain/ceramic-three or more surfaces	\$781.00
02650	Inlay-composite/resin-one surface (laboratory processed)	\$678.00
02651	Inlay-composite/resin-two surfaces (laboratory processed)	\$700.00
02652	Inlay-composite/resin-three or more surfaces (laboratory processed)	\$732.00
02710	Crown-resin (laboratory)	\$706.00
02720	Crown-resin with high noble metal	\$827.00
02721	Crown-resin with predominantly base metal	\$791.00
02722	Crown-resin with noble metal	\$808.00
02740	Crown-porcelain/ceramic substrate	\$890.00
02750	Crown-porcelain fused to high noble metal	\$867.00
02751	Crown-porcelain fused to predominantly base metal	\$791.00
02752	Crown-porcelain fused to noble metal	\$827.00
02780	Crown - 3/4 cast high noble metal	\$848.00
02781	Crown - 3/4 cast predominately base metal	\$797.00
02782	Crown - 3/4 cast noble metal	\$813.00
02783	Crown - 3/4 porcelain/ceramic	\$863.00
02790	Crown-full cast high noble metal	\$858.00
02791	Crown-full cast predominantly base metal	\$780.00
02792	Crown-full cast noble metal	\$819.00
02799	Provisional crown	\$339.00
02910	Recement inlay	\$84.00
02920	Recement crown	\$85.00
02930	Prefabricated stainless steel crown-primary tooth	\$218.00
02931	Prefabricated stainless steel crown-permanent tooth	\$254.00
02932	Prefabricated resin crown	\$280.00
02933	Prefabricated stainless steel crown with resin window	\$287.00
02940	Sedative filling	\$89.00
02950	Core buildup, including any pins	\$221.00
02951	Pin retention-per tooth, in addition to restoration	\$57.00
02952	Cast post and core in addition to crown	\$339.00

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02953	Each additional cast post - same tooth	\$240.00
02954	Prefabricated post and core in addition to crown	\$268.00
02957	Each additional prefabricated post - same tooth	\$149.00
02980	Crown repair, by report	\$226.00

ENDODONTICS

03110	Pulp cap-direct (excluding final restoration)	\$66.00
03120	Pulp cap-indirect (excluding final restoration)	\$76.14
03220	Therapeutic pulpotomy (excluding final restoration)	\$158.00
03221	Gross pulpal debridement, primary and permanent teeth	\$175.00
03230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$442.23
03240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$499.60
03310	Anterior (excluding final restoration)	\$574.00
03320	Bicuspid (excluding final restoration)	\$668.00
03330	Molar (excluding final restoration)	\$804.00
03332	Incomplete endodontic therapy; inoperable or fractured tooth	\$339.00
03346	Retreatment of previous root canal therapy-anterior	\$658.00
03347	Retreatment of previous root canal therapy-bicuspid	\$750.00
03348	Retreatment of previous root canal therapy-molar	\$886.00
03351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$282.00
03352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$205.00
03353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	\$433.00
03410	Apicoectomy/Periradicular surgery-anterior	\$539.00
03421	Apicoectomy/Periradicular surgery-bicuspid (first root)	\$590.00
03425	Apicoectomy/Periradicular surgery-molar (first root)	\$578.87
03426	Apicoectomy/Periradicular surgery (each additional root)	\$302.00
03430	Retrograde filling-per root	\$221.00
03450	Root amputation-per root	\$378.00

PERIODONTICS

04210	Gingivectomy or gingivoplasty-per quadrant	\$501.00
04211	Gingivectomy or gingivoplasty-per tooth	\$230.00
04240	Gingival flap procedure, including root planing-per quadrant	\$587.00
04249	Clinical crown lengthening-hard tissue	\$601.00
04260	Osseous surgery (including flap entry and closure)-per quadrant	\$837.00
04263	Bone replacement graft-first site in quadrant	\$560.00
04264	Bone replacement graft-each additional site in quadrant	\$406.00
04266	Guided tissue regeneration-resorbable barrier, per site, per tooth	\$686.00
04267	Guided tissue regeneration-nonresorbable barrier, per site, per	\$813.00

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	tooth (includes membrane removal)	
04268	Surgical revision procedure, per tooth	\$658.00
04270	Pedicle soft tissue graft procedure	\$668.00
04271	Free soft tissue graft procedure (including donor site surgery)	\$703.00
04274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$546.00
04341	Periodontal scaling and root planing-per quadrant	\$198.00
04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$144.00
04910	Periodontal maintenance procedures (following active therapy)	\$108.00

PROSTHODONTICS (REMOVABLE)

05110	Complete denture-maxillary	\$1,321.00
05120	Complete denture-mandibular	\$1,328.00
05130	Immediate denture-maxillary	\$1,423.00
05140	Immediate denture-mandibular	\$1,423.00
05211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$1,011.00
05212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$1,029.00
05213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,401.00
05214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,401.00
05410	Adjust complete denture-maxillary	\$70.00
05411	Adjust complete denture-mandibular	\$71.00
05421	Adjust parital denture-maxillary	\$70.00
05422	Adjust parital denture-mandibular	\$70.00
05510	Repair broken complete denture base	\$167.00
05520	Replace missing or broken teeth-complete denture (each tooth)	\$144.00
05610	Repair resin denture base	\$162.00
05620	Repair cast framework	\$232.00
05630	Repair or replace broken clasp	\$212.00
05640	Replace broken teeth-per tooth	\$145.00
05650	Add tooth to existing partial denture	\$176.00
05660	Add clasp to existing partial denture	\$217.00
05670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$558.00
05730	Reline complete maxillary denture (chairside)	\$128.29
05731	Reline complete mandibular denture (chairside)	\$300.00
05740	Reline maxillary partial denture (chairside)	\$293.00
05741	Reline mandibular partial denture (chairside)	\$294.00
05750	Reline complete maxillary denture (laboratory)	\$373.00
05751	Reline complete mandibular denture (laboratory)	\$374.00
05760	Reline maxillary partial denture (laboratory)	\$368.00
05761	Reline mandibular partial denture (laboratory)	\$370.00

<u>CDT CODE</u>	<u>DESCRIPTION</u>	<u>2008 FEE</u>
05850	Tissue conditioning, maxillary	\$164.00
05851	Tissue conditioning, mandibular	\$164.00

MAXILLOFACIAL PROSTHETICS

05982	Surgical stent	\$402.60
05986	Fluoride gel carrier	\$226.33

IMPLANT SERVICES

06053	Implant/abutment supported removable denture for completely edentulous arch	\$2,169.00
06054	Implant/abutment supported removable denture for partially edentulous arch	\$2,126.00
06058	Abutment supported porcelain/ceramic crown	\$1,138.00
06059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1,130.00
06060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$1,053.00
06061	Abutment supported porcelain fused to metal crown (noble metal)	\$1,081.00
06062	Abutment supported cast metal crown (high noble metal)	\$1,084.00
06063	Abutment supported cast metal crown (predominately base metal)	\$1,021.00
06064	Abutment supported cast metal crown (noble metal)	\$1,081.00
06065	Implant supported porcelain/ceramic crown	\$1,247.00
06066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,238.00
06067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,215.00
06068	Abutment supported retainer for porcelain/ceramic FPD	\$1,144.00
06069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,043.00
06070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	\$1,043.00
06071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1,062.00
06072	Abutment supported retainer for cast metal FPD (high noble metal)	\$1,123.00
06073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$1,060.00
06074	Abutment supported retainer for cast metal FPD (noble metal)	\$1,061.00
06075	Implant supported retainer for ceramic FPD	\$1,220.00
06076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,207.00
06077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$1,229.00
06078	Implant/abutment supported fixed denture for completely edentulous arch	\$3,533.00
06079	Implant/abutment supported fixed denture for partially edentulous arch	\$2,644.00

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PROSTHODONTICS, FIXED (EACH ABUTMENT AND EACH PONTIC CONSTITUTE A UNIT IN A FIXED PARTIAL DENTURE)		
06210	Pontic-cast high noble metal	\$854.00
06211	Pontic-cast predominantly base metal	\$790.00
06212	Pontic-cast noble metal	\$813.00
06240	Pontic-porcelain fused to high noble metal	\$866.00
06241	Pontic-porcelain fused to predominantly base metal	\$795.00
06242	Pontic-porcelain fused to noble metal	\$821.00
06245	Pontic - porcelain/ceramic	\$881.00
06250	Pontic-resin with high noble metal	\$826.00
06252	Pontic-resin with noble metal	\$809.00
06545	Retainer-cast metal for resin bonded fixed prosthesis	\$640.00
06548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$768.00
06740	Crown - porcelain/ceramic	\$890.00
06750	Crown-porcelain fused to high noble metal	\$867.00
06751	Crown-porcelain fused to predominantly base metal	\$791.00
06752	Crown-porcelain fused to noble metal	\$824.00
06781	Crown - 3/4 cast predominately base metal	\$813.00
06782	Crown - 3/4 cast noble metal	\$831.00
06783	Crown - 3/4 porcelain/ceramic	\$870.00
06790	Crown-full cast high noble metal	\$854.00
06791	Crown-full cast predominantly base metal	\$781.00
06792	Crown-full cast noble metal	\$814.00
06930	Recement fixed partial denture	\$150.00
06976	Each additional cast post - same tooth	\$226.00
06977	Each additional prefabricated post - same tooth	\$150.00

ORAL AND MAXILLOFACIAL SURGERY

07111	Extraction, coronal remnants-deciduous tooth	\$108.00
07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$131.00
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$221.00
07220	Removal of impacted tooth-soft tissue	\$249.00
07230	Removal of impacted tooth-partially bony	\$316.00
07240	Removal of impacted tooth-completely bony	\$389.00
07241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$460.00
07250	Surgical removal of residual tooth roots (cutting procedure)	\$244.00
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	\$383.00
07286	Biopsy of oral tissue-soft	\$248.00
07291	Transseptal fiberotomy, by report	\$250.00

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07310	Alveoloplasty in conjunction with extractions-per quadrant	\$230.00
07320	Alveoloplasty not in conjunction with extractions-per quadrant	\$345.00
07471	Removal of exostosis - per site	\$502.00
07510	Incision and drainage of abscess-intraoral soft tissue	\$180.00
07960	Frenulectomy (frenectomy or frenotomy)-separate procedure	\$360.00
07970	Excision of hyperplastic tissue-per arch	\$408.00
07971	Excision of pericoronal gingiva	\$197.00

ORTHODONTICS

08010	Limited orthodontic treatment of the primary dentition	\$1,562.00
08020	Limited orthodontic treatment of the transitional dentition	\$1,760.00
08030	Limited orthodontic treatment of the adolescent dentition	\$2,219.00
08040	Limited orthodontic treatment of the adult dentition	\$2,366.00
08050	Interceptive orthodontic treatment of the primary dentition	\$2,082.00
08060	Interceptive orthodontic treatment of the transitional dentition	\$2,260.00
08070	Comprehensive orthodontic treatment of the transitional dentition	\$4,345.00
08080	Comprehensive orthodontic treatment of the adolescent dentition	\$4,520.00
08090	Comprehensive orthodontic treatment of the adult dentition	\$4,679.00
08660	Pre-orthodontic treatment visit	\$264.00
08670	periodic orthodontic treatment visit (as part of contract)	\$191.00

ADJUNCTIVE GENERAL SERVICES

09110	Palliative (emergency) treatment of dental pain-minor procedure	\$94.00
09220	General anesthesia-first 30 minutes	\$320.00
09221	Deep sedation/general anesthesia-each addition 15 minutes	\$134.00
09230	Analgesia	\$58.00
09241	Intravenous conscious sedation/analgesia-first 30 minutes	\$317.00
09242	Intravenous conscious sedation/ each additional 15 minutes	\$126.00
09248	Non-Intravenous conscious sedation	\$262.00
09310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$96.00
09440	Office visit-after regularly scheduled hours	\$139.00
09630	Other drugs or medications by report	\$37.00
09951	Occlusal adjustment-limited	\$144.00
09952	Occlusal adjustment-complete	\$542.00
09971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$142.00

Effective July 1, 2008